

## **Exhibit # 19**

SBI NUMBER: \_\_\_\_\_  
(Leave blank)

Registered Name: PAVULAK PAUL EDWARD  
LAST FIRST MIDDLE SUFFIX

Date of Birth: [REDACTED] 44 Place of Birth (state/country): N.J. CAMDEN

Social Security Number: [REDACTED] 4741

Driver's license or id state: DE Driver's license or id number: [REDACTED]

Race: C Sex: M Height: 6' Weight: 250

Hair color: BR Eye color: BL Skin color: WHITE

Alias names:  
NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek)

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home telephone number: 302 322-3070  
(area code) (number) (area code) (number)

Cell telephone number: \_\_\_\_\_  
(area code) (number) (area code) (number)

Passport Identification Number: 451954842 Issuing Country: USA

Immigration status: \_\_\_\_\_



**LIVING and/or MAILING ADDRESS**

Are you living at a shelter: NO (yes or no) Are you homeless: NO (yes or no)

MAILING ADDRESS (is this different from your physical address?) \_\_\_\_\_ (yes or no)

Development or Apartment Name: HOLLYWOOD MOBILE Apartment #: 104

Street Address: 145 So Robert Hwy  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: NEW CANE State: DE Zip: 19720

**PHYSICAL ADDRESS: (if different from mailing address)**

Development Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are there other addresses that you live: \_\_\_\_\_ (yes or no)

Development or Apartment Name: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Development or Apartment Name: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Development or Apartment Name: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Development or Apartment Name: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Homeless list the area you frequent: \_\_\_\_\_

PLACE OF STUDY INFORMATION

Do you have a place of study?   N   (yes or no) Are you enrolled?   N   (yes or no)

Name of place of study: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of place of study: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of place of study: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of place of study: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of place of study: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you employed?   yes   (yes or no)

Name of employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: number: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: number: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: number: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: number: \_\_\_\_\_

## VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

Registration / hull / or plane tail number 380 325 State of registration DE

Vehicle year: 1996 Vehicle make: Ford Vehicle model: THUNDER

Vehicle color: black over \_\_\_\_\_

Place vehicle is parked or located: Houlihan mob  
(Hanger, marina, garage, location)

Owner's name: PAUL PAVUKAK

Street Address: 145 S DUPONT HWY  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: NEW CASTLE State: DE Zip: 19720

Registration / hull / or plane tail number 380 325 State of registration DE

Vehicle year: 98 Vehicle make: \_\_\_\_\_ Vehicle model: \_\_\_\_\_

Vehicle color: \_\_\_\_\_ over \_\_\_\_\_

Place vehicle is parked or located: \_\_\_\_\_  
(Hanger, marina, garage, location)

Owner's name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Registration / hull / or plane tail number \_\_\_\_\_ State of registration \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Vehicle make: \_\_\_\_\_ Vehicle model: \_\_\_\_\_

Vehicle color: \_\_\_\_\_ over \_\_\_\_\_

Place vehicle is parked or located: \_\_\_\_\_  
(Hanger, marina, garage, location)

Owner's name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number (North, South, etc) Street Name (Street/Drive/etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



VERIFICATION CERTIFICATION

I, Paul Paruch, have completed this validation process and make these  
(PRINT FULL NAME here)

statements as true and factual. I understand that by improperly stating or willfully withholding facts needed to complete this verification, I am liable for criminal prosecution due to non-compliance with Delaware's Megan Law 11 Delaware Code Chapter 41.

Signature: Paul Paruch

Date: 1-16-09

If under 18:

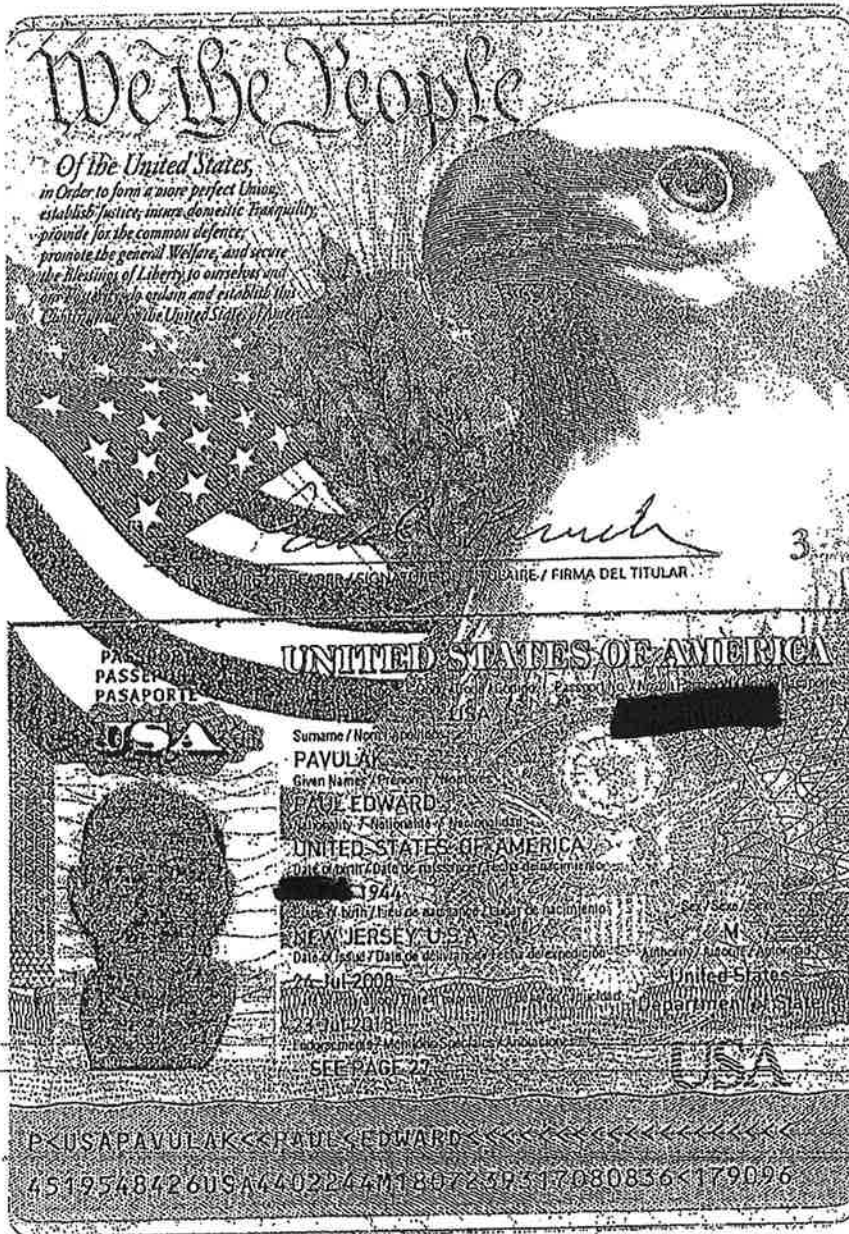
Name of parent/guardian: \_\_\_\_\_  
(PRINT NAME here)

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

DSP Employee Accepting Packet: [Signature]

Date: 1-16-09





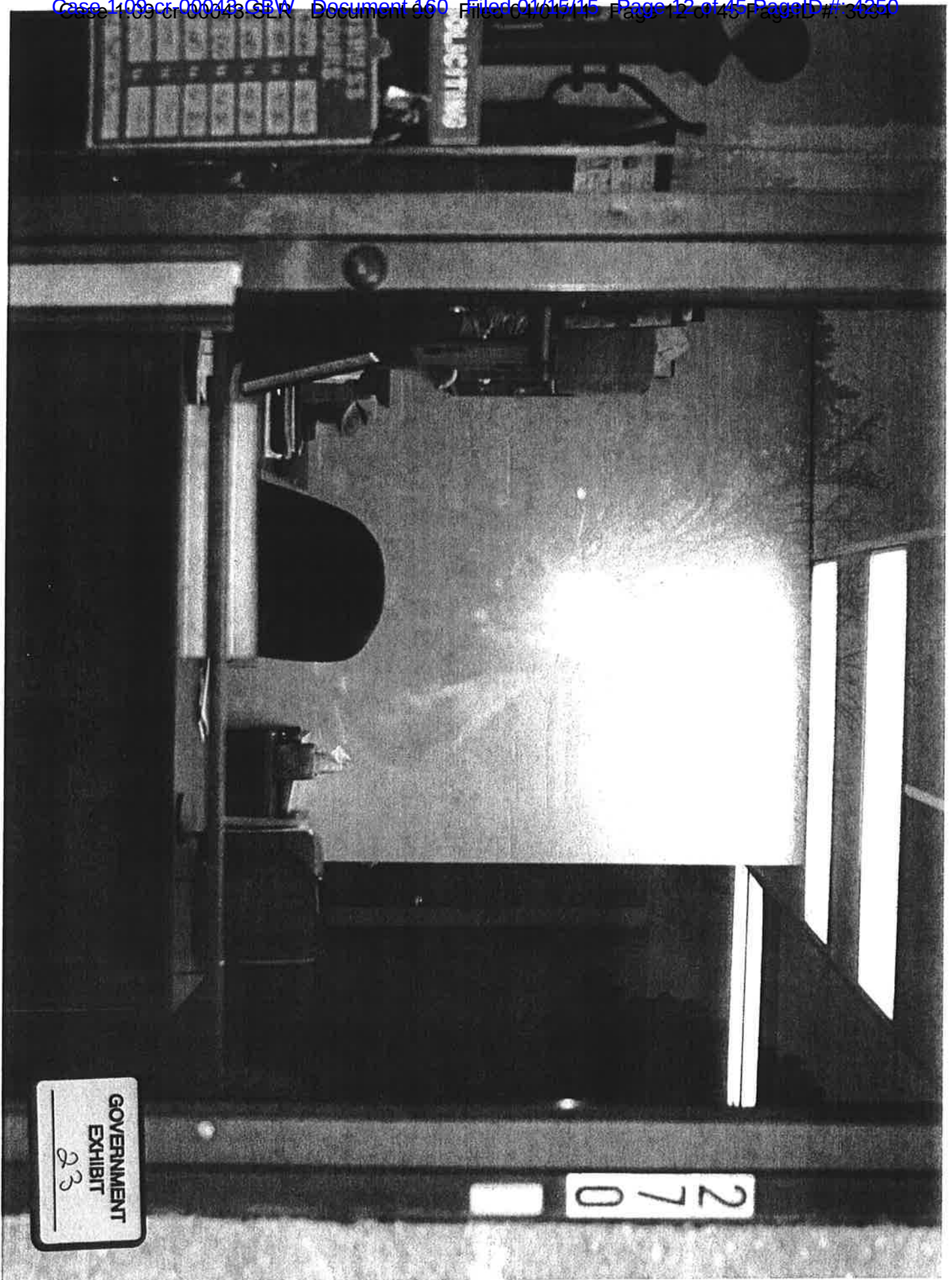
## **Exhibit # 20**

DATE 08/16/10

[illegible]

J. Cohan  
Division of Motor Vehicle

## Exhibit # 23



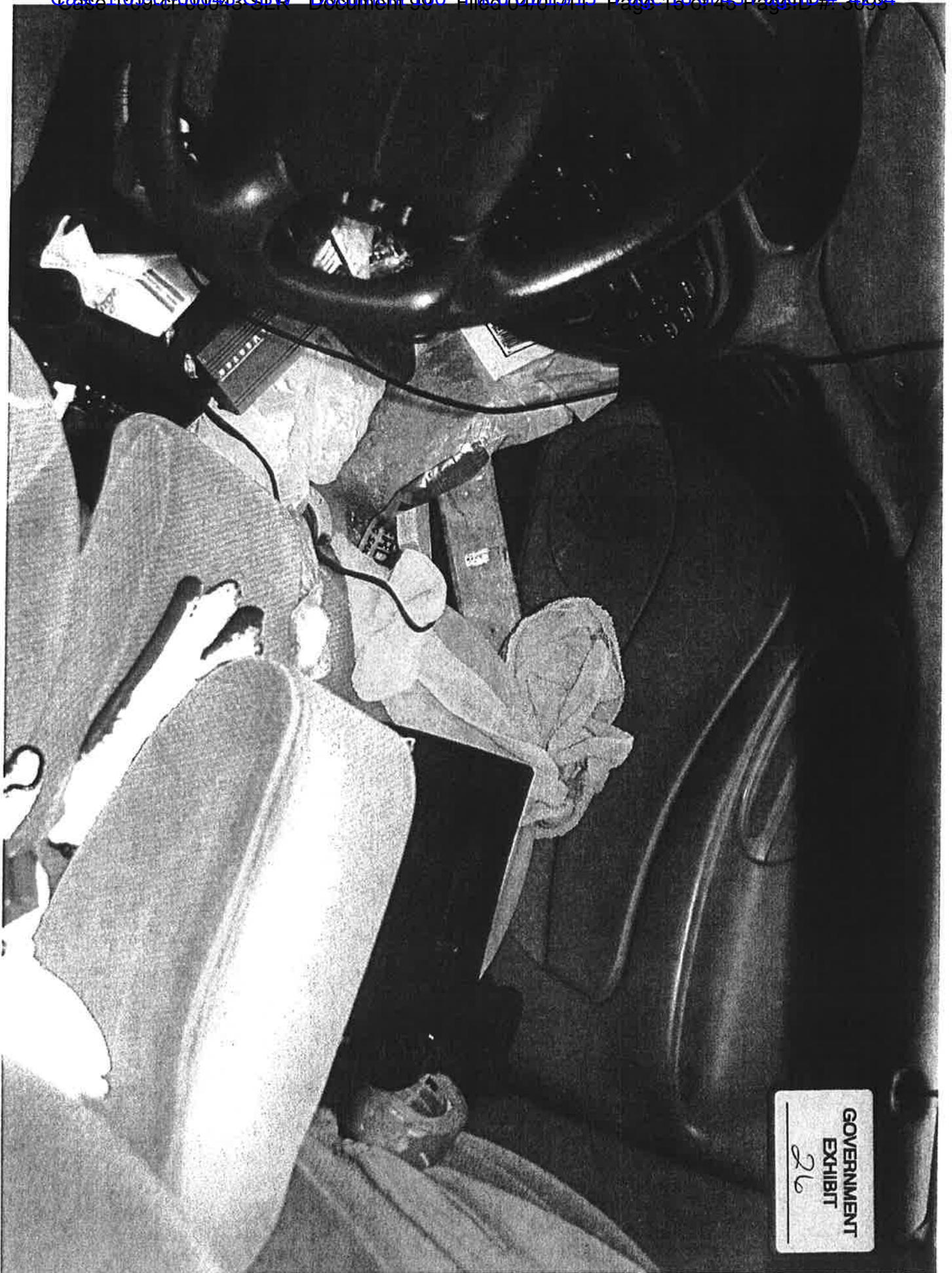


## **Exhibit # 25**



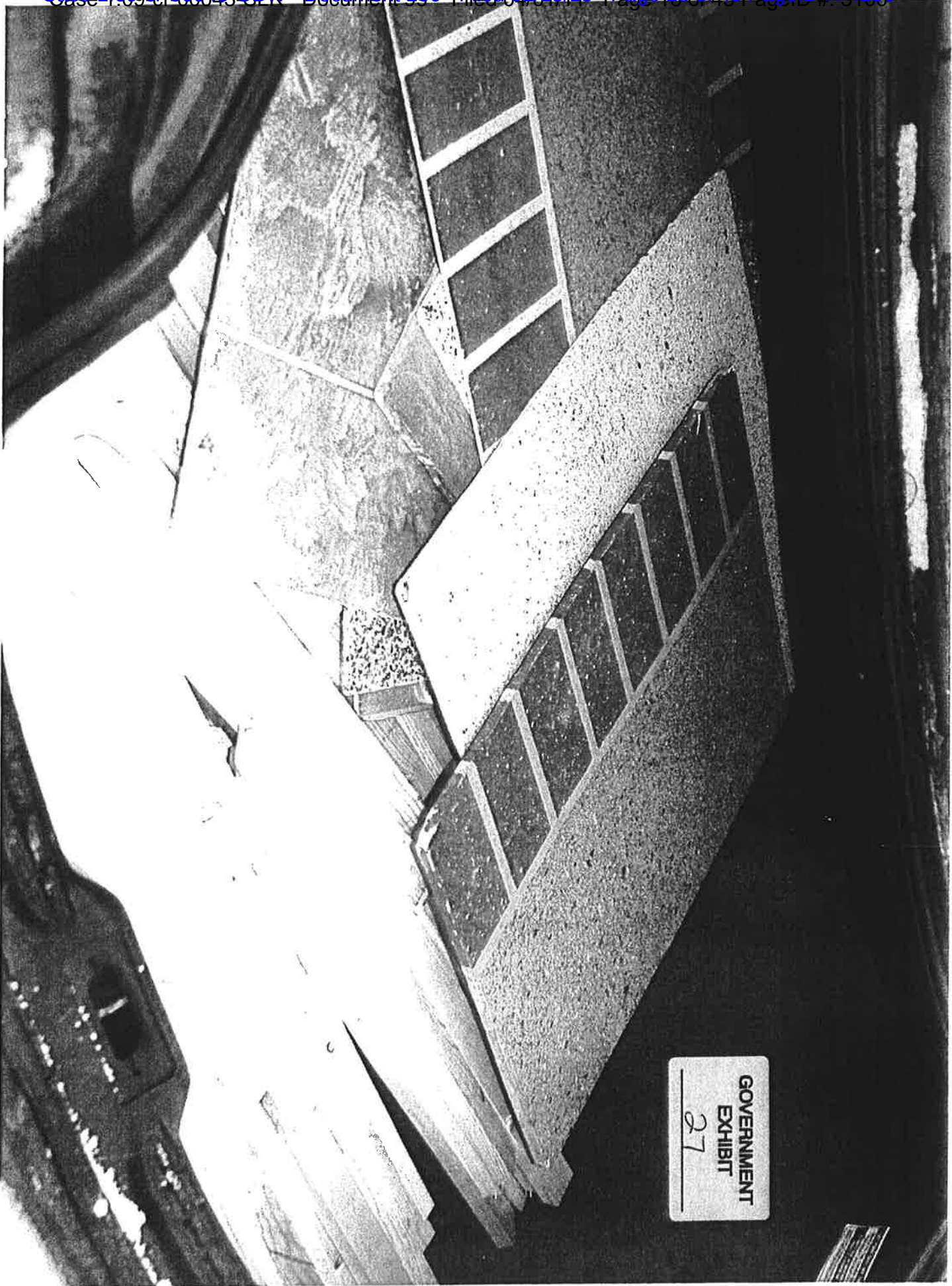
## **Exhibit # 26**







## **Exhibit # 27**



GOVERNMENT  
EXHIBIT  
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## **Exhibit # 30**



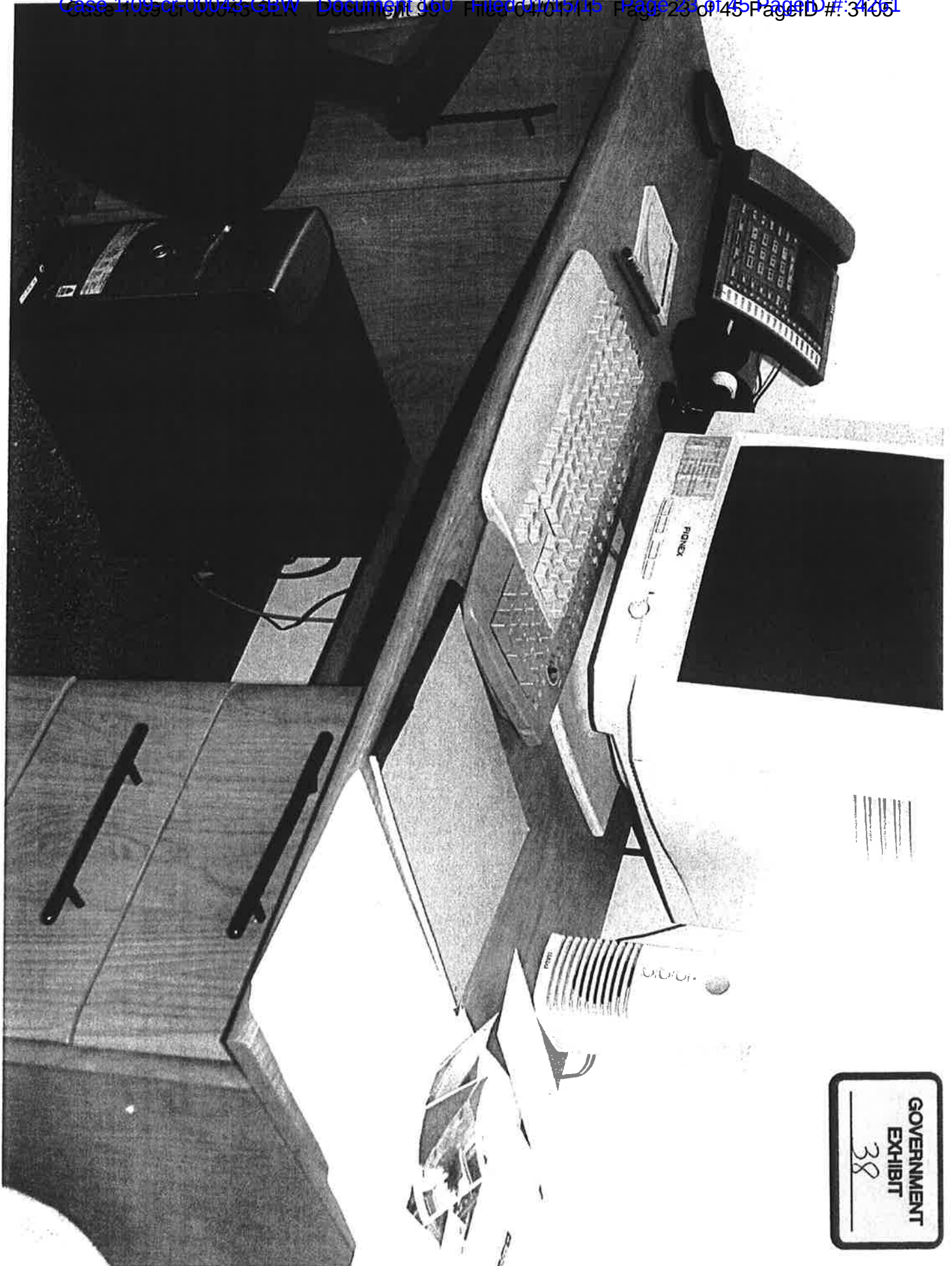




# EXHIBIT 33

## Computer

## **Exhibit # 38**



## **Exhibit # 43**





GOVERNMENT  
EXHIBIT  
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## **Exhibit # 44**



GOVERNMENT  
EXHIBIT  
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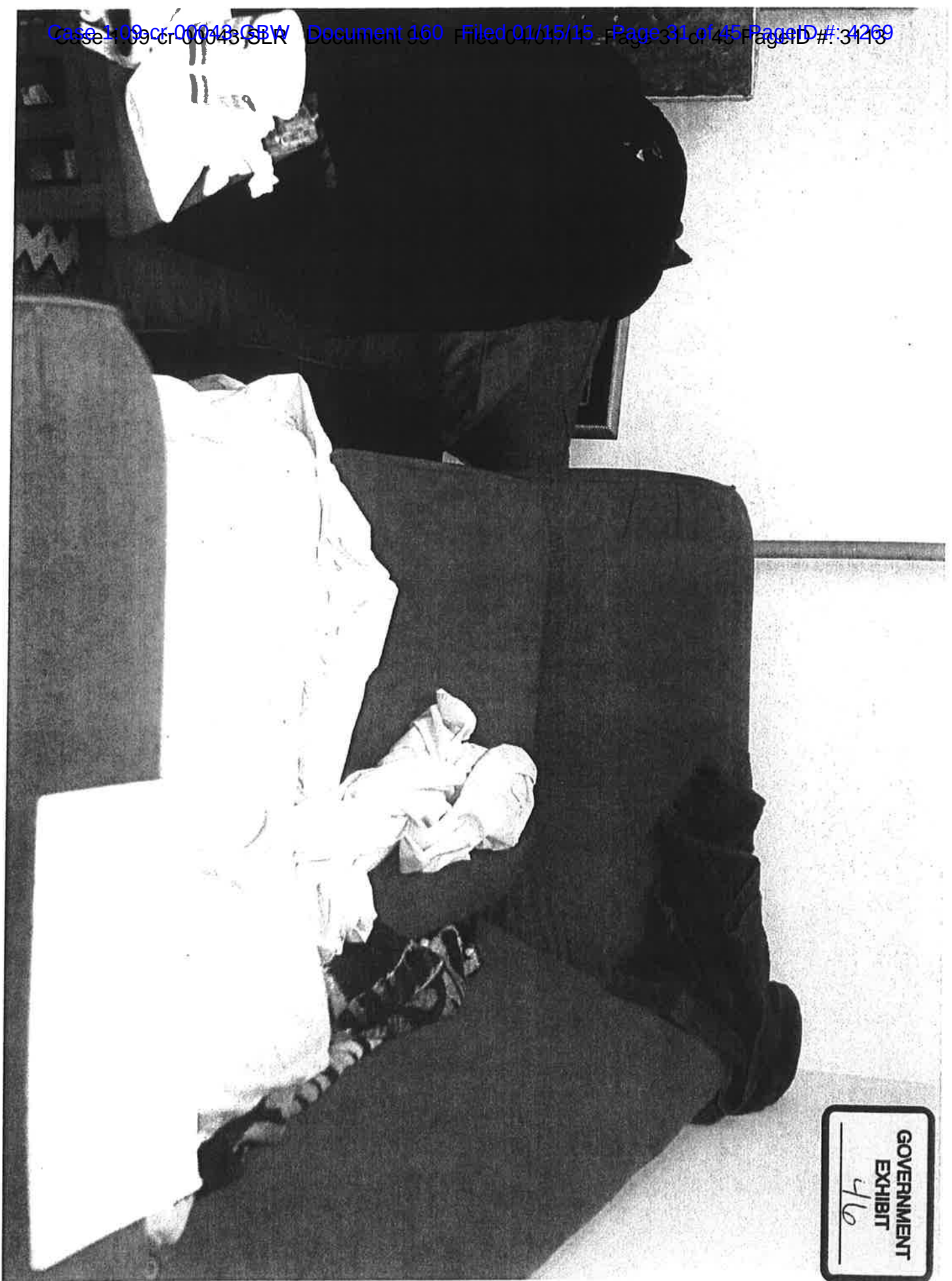
## **Exhibit # 45**



GOVERNMENT  
EXHIBIT  
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## **Exhibit # 46**



GOVERNMENT  
EXHIBIT  
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## **Exhibit # 47**





GOVERNMENT  
EXHIBIT

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## **Exhibit # 48**



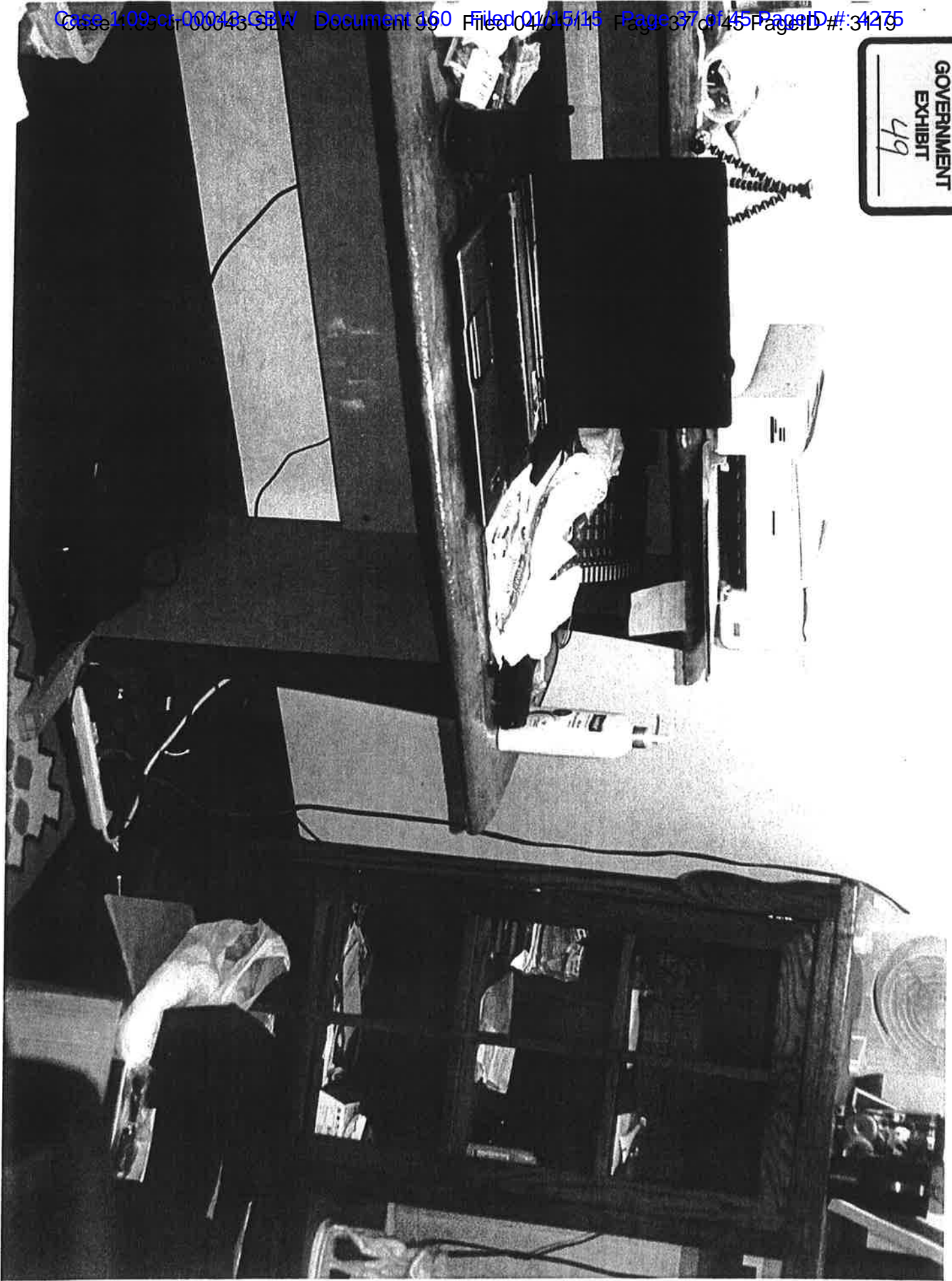


GOVERNMENT  
EXHIBIT  
48

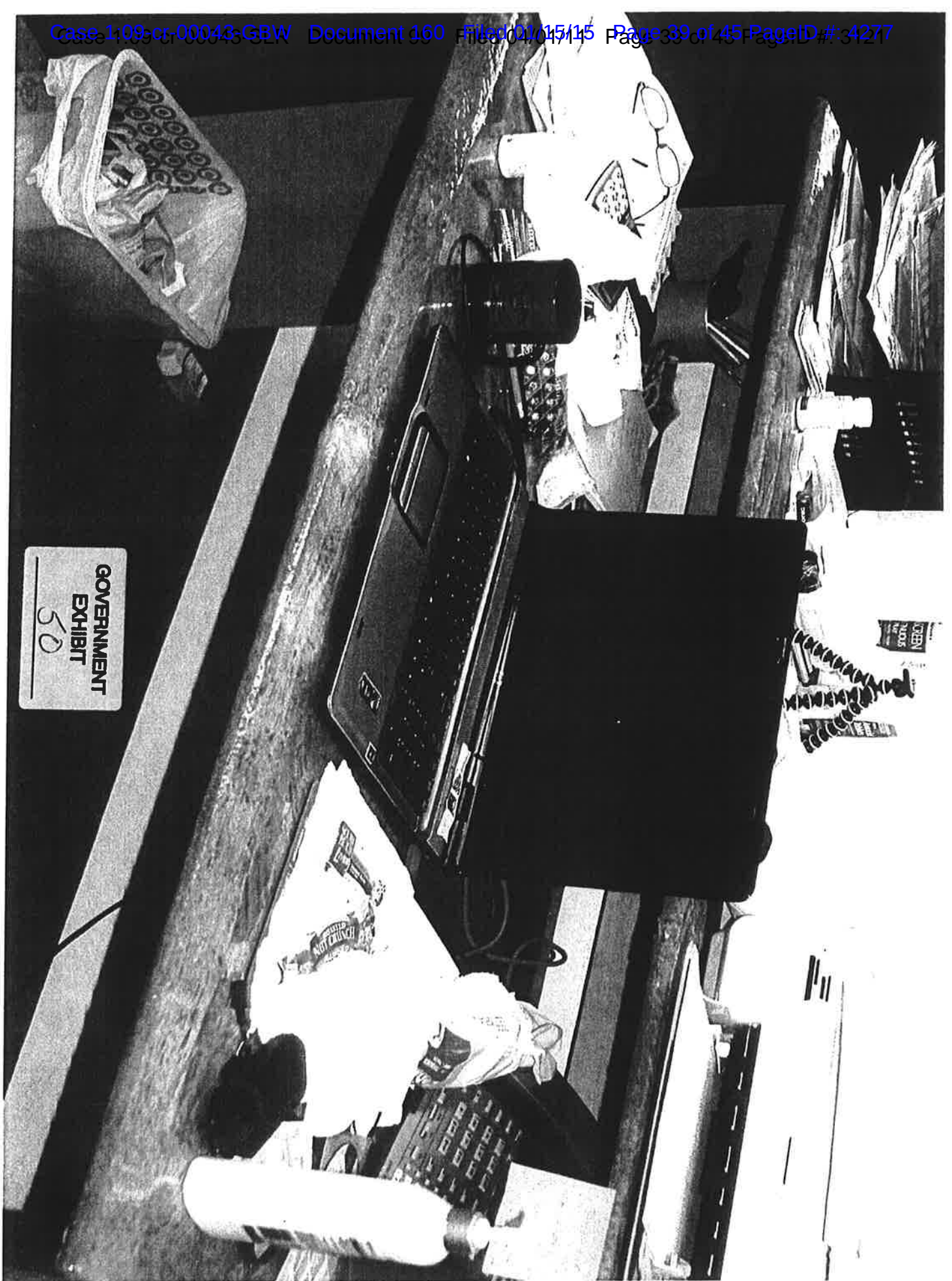
## **Exhibit # 49**



GOVERNMENT  
EXHIBIT  
49



## **Exhibit # 50**



GOVERNMENT  
EXHIBIT

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## **Exhibit # 51**



GOVERNMENT  
EXHIBIT  
51

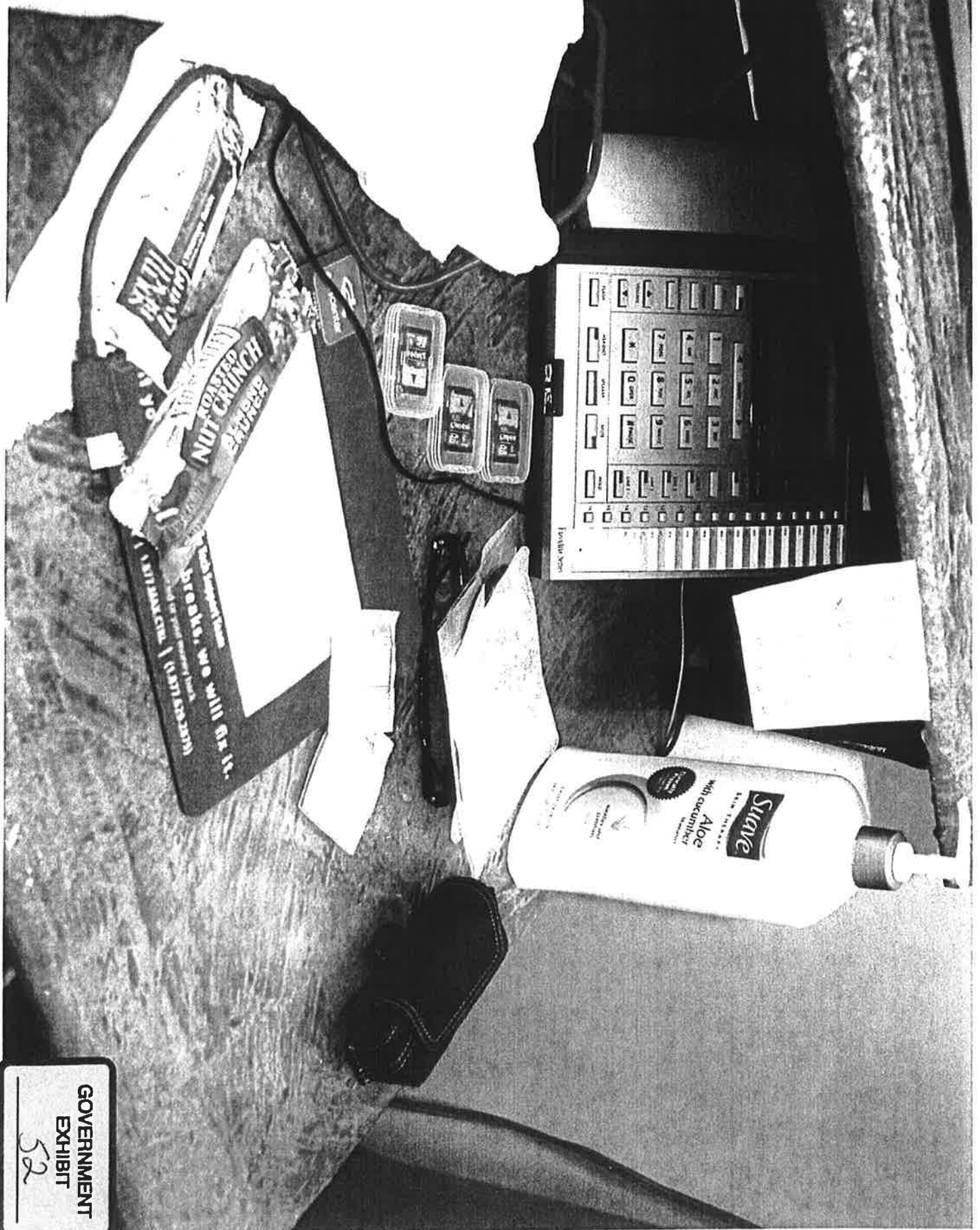
Handwritten notes on papers:  
- "2010. 7/20/09 4:22 PM"  
- "2010. 7/20/09 4:22 PM"  
- "KEN FINK"  
- "655-5550"  
- "Bake & Bake"

NAI Emory Hill  
302-672-5335  
Lori Hegman  
302-672-5306  
Sgt. Carver

LOT 004806  
EXP. 4/25/07  
Q7/2007

## **Exhibit # 52**





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# EXHIBITS 56

## Computer



## **Exhibit # 61**